

# Fitness Evaluation

## Personal Information

Name

Age

Gender

Phone

Email

## Health Information

Height (cm)

Weight (kg)

Medical conditions or injuries

Medications

Allergies

## Lifestyle & Habits

Physical activity level

Typical weekly exercise

Nutrition / Dietary restrictions

Sleep hours per night

Smoking/Alcohol

## Goals

Short-term goals

Long-term goals

Preferred training style

## Assessment Results

BMI

Body Fat %

Blood Pressure

Strength Tests

Cardio Tests

Flexibility Tests

## Trainer Notes